



POLICY COMMITTEE

January 8, 2016

1:30 – 3:00 p.m.

Policy Committee Meeting Minutes January 8, 2016 Council Chambers #115

Attendance:

Policy Committee: Jason Banach, Jack Baker, Adam Wason, Richard Martin, John Hamilton, Kent McDaniel, Julie Thomas, Andy Ruff, Sarah Ryterband, Geoff McKim, Lisa Ridge, Jim Ude

Staff: Josh Desmond, Anna Dragovich, Vince Caristo, Scott Robinson, Emily Avers

Others: Andrew Cibor

I. Call to Order: Introductions were made.

II. Elections:

Richard Martin said if Kent McDaniel will agree to do it again, I will nominate him to do that job and Jack Baker as vice-chair as well. Geoff McKim seconded.

Kent McDaniel said if anyone else feels they would like to serve, I'd be happy to step aside. Are there any other nominations?

There were none.

****Motion passed unanimously.**

McDaniel thanked the committee members.

III. Approval of the Minutes

a. November 6, 2015:

****McKim moved for approval. Ruff seconded. Motion passed through unanimous voice vote.**

IV. Communications from the Chair:

Kent McDaniel presented. As you know, I am an advocate for public transportation. Mark Stoops a former Policy Committee member who is currently serving as our State Senator, has introduced Bill 128 that would create a new funding source for public transportation in Monroe County. This is the 4th year in a row he's introduced similar legislation. It would increase the income tax rate by a minimum of 1/10th of a percent, to a maximum of 1/14 of 1%, which would raise at the minimum level about \$2.9 million and at the maximum level \$7.2 million. He's currently looking for co-sponsors, both in the house and the senate, so if anyone's got any suggestions, we'd appreciate your support for this bill. This is something that would directly impact and improve service for Bloomington Transit and for Rural Transit. That's all I have.

V. Reports from Officers and/or Committees

a. Citizens Advisory Committee: Sarah Ryterband said we sent positive recommendations for the items on the agenda for today.

- b. Technical Advisory Committee: Josh Desmond said the TAC reviewed same items you will review today and voted in favor of a positive recommendation for you to accept all of those today.

VI. Reports from the MPO Staff

- a. Quarterly Tracking Report – First Quarter Fiscal Year 2016: Anna Dragovich said we have the quarterly tracking report for work done during the 1st quarter of 2016, so July 2015- September 30th of 2015. We held our meeting at end of October. All the reports from the meeting are in your packet for your review. There are no red flags to raise. All the projects are moving along fairly well. Our next quarterly project tracking meeting will be February 1st for the 2nd quarter. We're anticipating the reports from that meeting at your next meeting.

Ryterband said I noticed the INDOT LPA contract has not been signed. Is there any update on that? There's one at Allen St./Walnut St. That's one of many where I see no contract with INDOT. I'm wondering where we're going with the INDOT agreements?

Desmond said the Allen/Walnut contract has been signed. Keep in mind this report is as of September.

Ryterband said in the notes for the Tapp Rd/Rockport Rd project there were things that I didn't recognize. I'm hoping you can help me. What is a red flag investigation?

Desmond said a red flag investigation is a preliminary high level environmental scan of a proposed project. It looks at what historic features might be impacted, what environmental features might be impacted... Anything that might have an impact or be impacted.

Ryterband said can you tell me what SHPO is in the NEPA Task that's in progress?

Desmond said SHPO is the State Historic Preservation Officer who has a review period on projects that impact historic resources.

Martin said I have a couple questions about how some of the calculations for the federal funding percent are done. Is that the approved federal total all phases divided by new totals? I don't know what number is in there.

Desmond said it should reflect the federal participation in the total project cost.

Martin said let's take the Henderson Multi-Use path. Previous totals we've got \$200,000 for all phases. The new totals are \$1,452,980. Approved federal is \$160,000 and the local match is \$1,292,980. You said federal funds 80%. \$160,000 is not 80% of any other number that's there other than previous totals. Is that how you calculate it? The previous totals number?

Desmond said that one is reflecting only the phase which has been approved into the TIP right now. For that project, the phases beyond design are not in the TIP at this point, so they are not approved for federal funding. We need to make it clear what we're calculating there.

Martin said I'm assuming then that the federal funds shortfall is what you're expecting to be approved in the TIP when it gets approved.

Desmond said that is correct.

Martin said you also have the federal fund shortfall in bold on the Tapp Rd/Rockport Rd intersection improvement. Is there a reason it was in bold?

Desmond said that was just a formatting error.

Ruff said under complete streets policy compliance at the end of every project form, since the LPA submits the update form, if staff felt there was not a fully entirely accurate reflection in the comments, how would that play out?

Desmond said we would report it to our committees if it doesn't meet the requirements. The Policy Committee does have the authority to review anytime there's a change in that status. You have the option to alter the funding, if you feel complete streets is not being lived up to in the project process. We would make the report and give the policy committee the opportunity to make a decision on where to go from there.

Martin said on all three applications that we're going to discuss later, the check boxes that have to do with compliant or exempt from Complete Streets, neither one are checked.

Ruff said who would note possible out of compliance with Complete Streets. How would it go through the process. Maybe a little report on that next time.

Martin said they all indicate not applicable.

VII. Old Business

- a. National Highway Network & National Truck Network*: Vince Caristo presented. This is an item that was tabled at the November 2015 meeting. For the benefit of some of the new members of the committee, I'll give a full background on the decision we're asking for today. The Federal Highway Administration administers several national roadway networks for different purposes, including the National Highway System, the National Truck Network and the Federal Functional Classification Network. For each of these networks, the authority for changes and modifications is made at the federal level, but they accept modification requests from individual states for each of these networks. However, they require the states demonstrate coordination and cooperation with local governments and Metropolitan Planning Organizations when requesting changes to any of these national networks. In August of 2013, INDOT initiated a statewide review of the National Highway System, the National Truck Network and Federal Functional Classification network across the state of Indiana. That is where this request originated. This committee has considered this issue twice since that time, in November of 2013 and September of 2015. Each time we've deferred action on the issue for further review. Most recently we organized a meeting with FHWA representatives to assist in further reviewing this topic. We had more than 15 people attend including members of the Policy Committee, the Technical Advisory Committee and the Citizens Advisory Committee, as well as the Federal Highway Administration, staff from City and County to discuss issues surrounding the National Highway System, Federal Functional Classifications and the National Truck Network. At that time the group decided on a path forward to take action on the National Highway System and National Truck Networks separately from the Federal Functional Classification Network. What we heard around the table was there was too much information to take action on all three networks at one time, but the National Highway System and National Truck Network decision could be made together. That's where we are today. Today we're presenting recommendations and asking for your approval for the recommendations for the National Highway System and the National Truck Network.

The National Highway System was established 20 years ago as a strategic network of roadways that's intended to serve a national function for economic, defense and mobility purposes. These are roadways that serve large vehicles on long distance trips connecting points across the country. To insure the roadways that are included on the National Highway System meet standards that are included on the National Highway System meet standards that are consistent with the way that system is supposed to be used. There are additional design standards those roadways are subjected to relating to things like lane width, posted speed limits. There are additional performance monitoring and data collection requirements that roadways in the NHS must comply with. There

are outdoor advertising and junk yard controls and additional Federal Highway Administration oversight on projects that occur on National Highway System roadways. Inclusion of a roadway on the NHS comes with significant restrictions and controls that insure those roadways fit and are consistent with the intention of the National Highway System. I'll bring up the map of what roads are within the NHS within the Bloomington/Monroe County MPO as of 2012. This map shows the boundary of the Bloomington/Monroe County MPO in red. The thick red lines on this map are the National Highway System as it currently exists. What you can see is SR 37, SR 46, SR 45, I69, and then what's also included is a series of local roadways within the City of Bloomington. A 2012 act of Congress automatically added every roadway that was Federally Functionally Classified as a primary arterial to the National Highway System. College and Walnut, 2nd St/Bloomfield Rd, E. 3rd St, Tapp Rd were all added at this time. There were several questions about recommendation for changes to the NHS that our MPO would make. There were questions that have come up again and again since we started considering this issue. One of them was if this Policy Committee recommends changes to the NHS is INDOT and the FHWA required to accept those changes. The answer is no. The US Department of Transportation receives modification proposals from the states. INDOT's process is they're looking for feedback from MPOs and localities across the state and they will decide what modifications to forward to the FHWA and the Secretary of Transportation makes the ultimate decision about changes or modifications to the NHS. According to the Federal Regulations, changes or additions to the NHS need to be consistent with the purpose of the NHS and they should also be included within a state or metropolitan transportation plan. It has been discussed whether we should recommend adding all of the state highways that come through Monroe County to the NHS. We could do that, but the chances of that recommendation being taken by INDOT or FHWA are very small because of the reasons I just described. The next question that has come up a lot is if a local roadway is added to the NHS will it be eligible for additional funding. This relates to the question of whether we should keep our local primary arterials on the NHS or should we add additional roadways to make them eligible for additional funding. The answer is no. INDOT has said local roadways on the NHS will not be eligible for additional funding at this time, but they will be required to comply with the additional regulations that I described previously. Another question that's been asked by this committee is if a state highway is added to the NHS or kept on the NHS, will maintenance or improvements on that roadway be eligible for additional funding sources. Will inclusion on the NHS make the roadway for a larger pot of money for improvements or maintenance? Improvements on NHS roads are eligible for a funding source called the National Highway Performance Program. However, general maintenance activities are not eligible, things like mowing and pot hole patching but it would be eligible for NHPP funds. However, individual states do not receive additional funding for adding additional miles to the NHS. So if we increase the mileage of the NHS system in our county, that would not increase the amount of money the state gets for NHPP funds. That was an act of Congress that specifically ties the amount of funding of the NHPP to the NHS mileage as it existed in 2012 so states weren't adding NHS miles just to have access to more funding. So that's not a consideration. Taking all these things into consideration, our staff recommendation is in the next map. We're recommending to remove all the local roadways that were added to the NHS in 2012 as well as removing SR 45 west of I69. That leaves us with SR 37, I69 and SR 46. I'll take any questions on this system before we move on to the National Truck Network.

Martin said from the descriptions you gave it seems like there's no downside to us recommending roadways be included on the NHS because we're not going to have the final say anyway. We could say to add all the roads in the county and it would have just the same effect as saying to just include these roads. Is that correct?

Caristo said I think that's correct.

McDaniel said I thought there were additional restrictions and requirements if you put it in the system.

Caristo said there are. Adding state roadways that our local government don't have operational control over, that recommendation wouldn't have an impact locally?

McDaniel said it would not have additional restrictions or requirements?

Caristo said it would but...

McDaniel said that's what I don't know. Why would we want to restrict ourselves or add additional requirements if we're not going to get any more money for it?

Caristo said proposing additional highways to be added will not impact our local government responsibility for those roadways because those roadways are not in our jurisdiction with the county or city.

Ruff said it seems to me that the smallest amount of mileage that we can include in our NHS seems to be where we logically want to be because we're going to be required to have the required mileage and anything that puts potential restrictions on when we want to do something to that road but doesn't bring additional funding sources. Why would we want to tie our hand in some way that we might not think of right now when it comes to addressing a road we might be able to address in the future without having these additional considerations or reviews if we're not going to get anything out of it. Is that kind of right?

Caristo said that's exactly right. That being said, in the future, regulations and laws can change regarding the NHS. There are a lot of unknowns regarding design standards, reporting requirements, as well as funding sources. At this time, that's sort of the understanding staff has.

Ruff said how much longer is the current Federal Transportation Act going to be in place before it's revisited.

Desmond said 5 years.

Martin said I have no problem removing all our local roads from the NHS because they're not nationally significant anyway. I am concerned about removing state highways because they are part of a transportation system that goes beyond the boundaries of Monroe County. I would be particularly concerned if we ended up with removing designation of segment of highway in Monroe County and then found that that same state highway was included on the National Highway System recommendation from another county. I understand the State's going to figure out how all of that has to work out, but I think our best approach would be to say if it's a state highway, it's on the NHS from our perspective. That doesn't necessarily mean that should be the state's perspective because they have more knowledge about what other communities are doing. But from our perspective, looking out, it's a national highway. It's used as a national highway by people who don't live here, who come here to visit, who travel through here and that to me is what would define a national highway. It may be it's only an Indiana highway, but that's something for the State of Indiana to decide, not for me to decide. I just have to look at it from where we see it.

McKim said is the only effect of your recommendation to strike the recommendation to remove SR 45 west of I69.

Martin said I would add 45 going east, I would put 48 back in. I would even add 446 because most of the people who use 446 probably don't live in Monroe County. They use it to visit the lake. I think those are national interest. They clearly go beyond the MPO interest. The next option we have is to say it's part of the national system and then let the state of Indiana decide.

Caristo said you can certainly do this and have a discussion about what Richard is proposing. The only thing I would offer in response to the fear that if we don't recommend a certain state highway be on the NHS that the state or another locality would recommend a different portion of that state highway to be on the NHS, we've shared our proposal with INDOT. They say it's consistent with what their vision for the NHS is. They showed an excerpt from their long range transportation plan at the meeting on October 29th which was included in your packet. The State has identified state wide mobility corridors in their long range mobility plan. These are the corridors that are the top end of the highway system and are meant to provide mobility across the state. They're high speed, long distance corridors. The freight arteries of the state. These are the roadways INDOT intends for the NHS to represent.

Martin said you made a statement that these are the highways they intend to have in the NHS. I don't think that's correct. These are a special classification of highways that they've identified. That is different than the statement that these are the NHS corridors they've identified. There are two different things here. Let's not mix them together. Different rules are going to apply, different policies will be made. The state is going to make these decisions. Our best strategies is to tell them that highways that go through Monroe County which are used primarily by people not only in the county but outside the county have to be a decision made at the state level and from our perspective they have at least national or regional significance. The only way we have of recognizing that is to say they're on the NHS. They don't give us a way of recognizing these are Indiana regional highways. We don't have that choice. That's a decision they're going to make. I just want to make sure we're indicating to them that these are highways that are used beyond Monroe County and service not only Monroe County but our surrounding counties. That's what should determine how we classify them, not how we want to try to think about how much traffic is going to go on that we're going to generate. I don't know how to tell them that other than to say put them on the NHS.

Jim Ude said I was thinking the NHS connected certain populated areas that have to have certain level of populations. 46 between Bloomington and Columbus is on the NHS, but if you go east of there, it's not because you don't have the higher populated areas and the kind of traffic that is called for on the NHS. That's why 446 would not qualify as a NHS road.

Martin asked why 46 going to Terre Haute doesn't qualify.

Ude said it is.

Martin said it only goes to 231 in Spencer and then it goes north on this map from the state.

Ude said that's where the regional mobility corridor comes into play and INDOT decided there were some other corridors that would be more suited for the NHS.

Martin said I think that's the function of INDOT. I don't think it's out function to be making those kinds of decisions.

Ryterband said are we truly making a decision or are we simply making a recommendation from this body? What I heard we have no capacity to make a decision in this case. We simply can look at the information we have and make a recommendation. This is the 3rd time we've reviewed this and we're not getting much further other than to have the recommendations from staff having met with INDOT, having had this large meeting about what the NHS consists of and that we probably are at a point where we might want to have a motion.

**Ryterband moved we take the recommendations of staff and pass them along.

**Ruff seconded.

Baker asked if staff had any conversations with INDOT about your proposal? Does it seem acceptable and reasonable to them that what you're putting out today is something that they're content with and think is the way we should go?

Caristo said the proposal we've made today is the same recommendation we made in 2013 and last year and each time we've received feedback from INDOT that it's consistent with their statewide plan for the NHS. At the October 29th meeting we did have a verbal confirmation that the recommendation shown here is consistent with what they would like to see.

Baker said they make recommendations at some point to take off all the roads that were put on previously? Was that their recommendation to staff, to take those off? Was that a local decision?

Caristo said the information they provided to MPOs and localities was more of a pros and cons approach. Most MPOs came to the conclusion the drawbacks and costs were too big and too uncertain. We never got a directive to remove them.

Desmond said they did not encourage us to keep them.

Floor was opened for public comment. There was none.

****Motion passed 12:1.**

Caristo said the next network we are considering is the National Truck Network. It is slightly older than national highway system, it was created in 1982 as a network of highways that are designated for use by large trucks. It includes most of the interstate highway system across the country and a few other non-interstate routes. It's about 200,000 miles in total. On National Truck Network roadways there are federal width and length requirements that apply to the design of those roadways. At this time there are no funding sources associated with roadways on the NHS and there are no new funding sources planned. The National Truck Network exists and it administered by the Federal Highway Administration, but there are very few implications of a roadway being on or off the network other than design requirements. The current National Truck Network includes SR 37, SR 46, SR 45. Our staff recommendation is to remove SR 45 west of I69 and add I69. This is the same network we're proposing for NHS.

****Baker made motion to accept changes to the National Truck Network as described.**

****McKim seconded.**

McKim said the new highway bill does include a formula based entitlement for freight. Does this have any relationship to this new freight funding source?

Desmond said not as far as he knows. Not at this point. This network exists on paper and not much else and it's been around for a long time without being put to any use. It's more of a formality at this point.

McKim said it is something to look at as we get down the line. That may not even impact localities.

Floor was opened for public comment. There was none.

****Motion passed unanimously.**

VIII. New Business

- a. Transportation Improvement Program Amendments: Dragovich presented. We have 3 TIP amendments. These are all in City of Bloomington.

- (1) *Remove Moore's Pike Guardrail**- This project is near the Renwick development. The City had originally proposed putting a guardrail there that abuts the City's Parks Department property. There's sort of a steep drop off. The plan was to use federal funds to construct that guardrail, but they've found it might be easier to do it locally. The federal funding process gets complicated when you are near a parks properties. It's such a small project, they anticipate by funding it locally they could save a lot of money. So they're asking us to remove that project and reallocate that funding to two other projects they have currently programmed in the TIP.
- (2) *Modify Allen and Walnut Street RRF**: The federal funding amounts would move from \$25,000 to \$40,000.
- (3) *Modify 4th St. & Rogers St. Pedestrian Island**: The federal funding amounts would move from \$75,000 to \$95,000. CAC and TAC both recommended approval.

Desmond said we do have Andrew Cibor, the Transportation and Traffic Engineer for the City if you have any questions.

Ryterband said for the record I want to mention I hope before any design or engineering for the 4th St project is undertaken that not only it goes to the Neighborhood Association and that small handful of people, but that it incorporates the whole neighborhood weighing in on this because it will severely impact the movement through that neighborhood.

Ruff said last year we met on site. Has there been any further detailed data gathering on traffic or engineering or design related to that at this point?

Andrew Cibor said we have not undergone any additional data collection yet but since the quarterly tracking project was completed we have authorized a number of contracts, our agreement with INDOT and we authorized a design consultant to initiate the project with us for both of these projects. We actually just had a kickoff meeting with that design consultant yesterday and I will say for the 4th and Rogers intersection project we have a pretty extensive plan for public outreach. We're still in the stages of planning, but what I would anticipate is, before we get in to any level of design, going out to the neighborhood and meeting with them. The plan is to create an online survey we can advertise to a broader range of people, potentially go to the City's Bike and Pedestrian Safety Committee, potentially the MPO's CAC to get initial feedback to help feed the design consultant who will develop a list of alternatives, not one design solution, and at that point we'll plan on going and having a significant public involvement meeting in presenting these alternatives that will help steer us to selecting a preferred alternative. It may not be everyone's preferred solution, but it hopefully will be something that most people will be happy with. That's the concept of the plan. Next week we'll begin the data collection.

Ruff said what I hear you saying is the only progress since we met on site is the development of a public input plan.

Cibor said that's correct.

****Baker made motion to amend TIP to remove Moore's Pike guardrail and to modify the others.**

****Martin seconded.**

Martin said in terms of reallocation of funding from the Moore's Pike project. I can see where we redistributed the \$35,000 in federal funding to the other two projects, but I notice there's a savings on local match both for that project and the 4th and Rogers St. project. While there's a little bit of an increase on the Allen St. project. It looks like we're saving about \$8500 in local match that can be used for other projects. Is that correct?

Desmond said any time there's a savings it goes back to the LPA. They can decide to allocate that wherever they wish.

Martin said I was concerned about the reduction in the local match on 4th and Rogers when we're going to be spending more federal money and I'm wondering how that was accomplished. I'd like to figure out how to do that a lot more often.

Desmond said we'll have to double check that. I'm not sure why that amount went down if the federal match went up. We'll have to double check that math there. I know the federal amount is right, so as long as we approve the correct federal numbers we can make sure the match is proper when we finalize that.

Floor was opened for public comment. There was none.

****Motion passed through unanimous voice vote.**

IX. Communications from Committee Members (*non-agenda items*)

a. Topic Suggestions for Future Agendas

Martin said earlier today it came to my attention that there is a design alternative being implemented for I69 Section 5 at the Fullerton Pike exit that would cut in half the access opportunities to the Monroe Medical Park Blvd making it necessary for someone coming from the west having to come back around and come on to the highway. They couldn't get directly there. This seems to be a change that has occurred in the last week and we are being told it's going to happen whether we like it or not. I'm very concerned about reducing access to a hospital/medical facility, particularly when the hospital that is also on the west side is going to be moving to the east side of town. Why we would ever reduce access to a medical facility, our only hospital on the west side of town in future years, so that we can avoid an expense at this point on I69, I simply do not understand. I would like someone to explain to me why that is necessary.

Lisa Ridge said this came to light this week on Tuesday. Myself and one of my assistants attend the I69 progress meeting updates every Tuesday. We were told where the old piece of spur from That Rd. that used to run behind the buildings right there was going to be rebuilt so that would be an additional access to the hospital. This has been promised all along, but it was never in the design. We attended the meeting this Tuesday and we asked about this spur being built and we were informed that they were not going to build it. We raised concern at the meeting, we went back, we constructed an email to IFA, INDOT, the consulting firm, the engineering firm. We asked if they had discussed this with the hospital. They informed us they had. So we contacted the hospital ourselves. It came to light in the last 24 hours. They called a meeting, we attended the meeting, and we are assured now they are going to rebuild that spur as promised. So we are staying on top of it. We addressed that concern that there was only one way in and one way out and we didn't agree with that or the detour for people. After the meeting we were told it might be gravel, they won't pave it until probably April, but we were assured today that it's back on the table. It's discouraging because I think the only way we would have found out is if by attending those meetings on Tuesday.

X. Upcoming Meetings

- a. Technical Advisory Committee – January 27, 2016 at 10:00 a.m. (McCloskey Room)
- b. Citizens Advisory Committee – January 27, 2016 at 6:30 p.m. (McCloskey Room)
- c. Policy Committee – February 12, 2016 at 1:30 p.m. (Council Chambers)

Meeting was adjourned.

Minutes approved 2/8/16. EJEA